

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Robert L. Adamson</i>		Town <i>near Anney</i>		County <i>Montgomery</i>		MARYLAND	
Died at		Month <i>5</i>		Day <i>23</i>		Years <i>84</i>	
Date of death <i>1907</i>				Age <i>84</i>		Months <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lou A. Brown</i>					
Father's Name <i>Lloyd Adamson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Jane Smith</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving in formation <i>Elara Henderson</i>		(81)		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio sclerosis</i>	How long <i>Six weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

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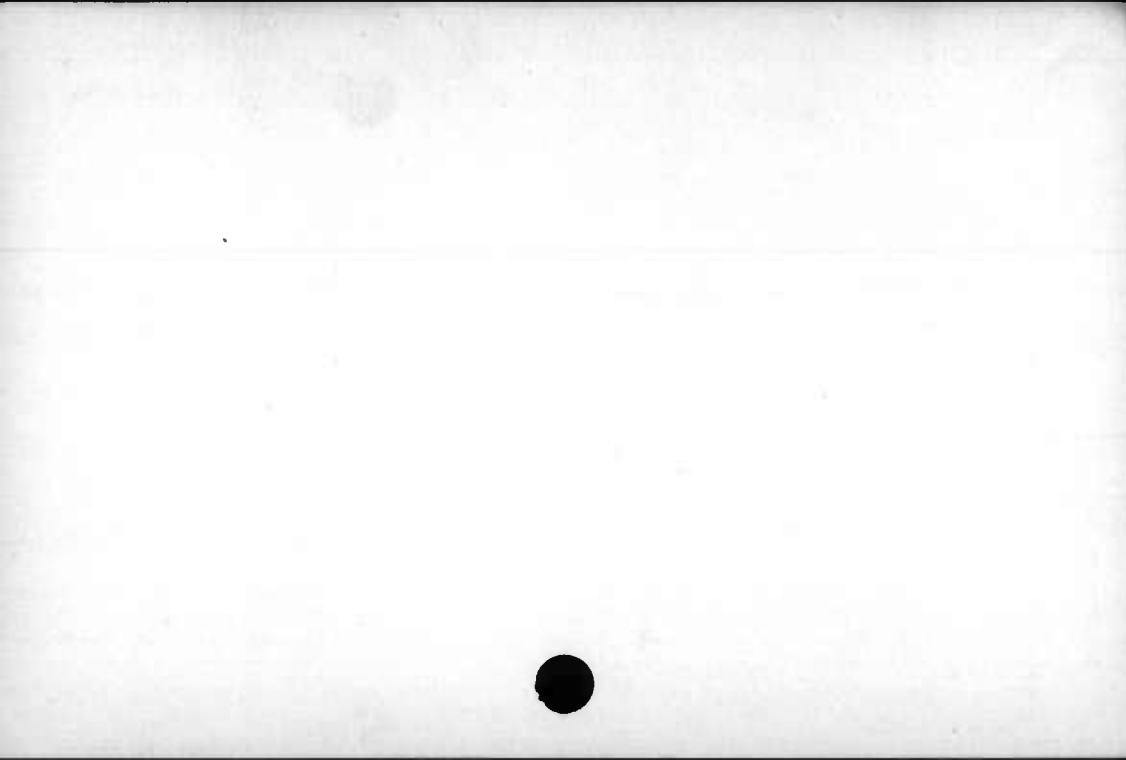
Name in Full <i>Taylor I Beckett</i>		Town <i>Seneca</i>		County <i>Madison</i>		MARYLAND	
Died at <i>Seneca</i>		Month <i>May</i>		Day <i>29</i>		Years <i>16</i>	
Date of death <i>1907</i>		Months <i>7</i>		Days <i>16</i>			
Sex <i>Boys</i>		Color or Race <i>Black</i>		Birth place <i>Sugar Land Md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>William Beckett</i>		Father's Birthplace <i>Sugar Land</i>					
Mother's Maiden Name <i>Maria Taylor</i>		Mother's Birthplace <i>Sugar Land</i>					
Name of person giving information <i>William Beckett</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption - lungs</i>		How long <i>One year</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. L. Pratt sub reg</i>	
		Address <i>Bolesville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Pearl May Graham

MARYLAND

Died at *Martinsburg* ^{Town} *Montgomery* ^{County}Date of death *1907* ^{Month} *May* ^{Day} *13* ^{Years} *4* ^{Months} ^{Days}Sex *Female* Color or Race *Black* Birth-place *Martinsburg*Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Major Graham* Father's Birthplace *Martinsburg*Mother's Maiden Name *Florence Pitts* Mother's Birthplace *Martinsburg*Name of person giving information *Adolphus Graham* How related to deceased *Brother*

CAUSES OF DEATH

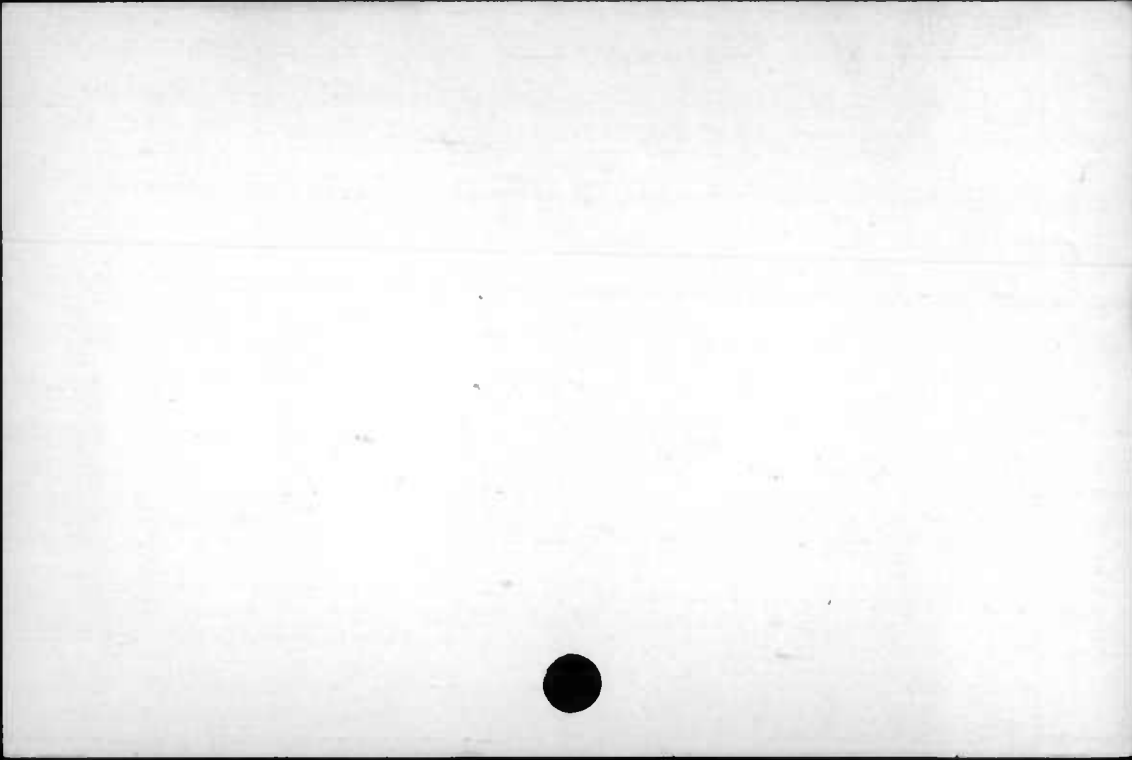
104

Primary *Acute indigestion* How long *2 days*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

R. L. Pitts sub reg
*Bolesville*Accident or Suicide? *Ind*



Name
in
full

CERTIFICATE OF DEATH

Frances A. Halbruner

Town

County

Died at

Kensington

Montgomery

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

May

28

Age

46

6

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Thos M. Halbruner

Father's
Name

Basile Bouché

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth M. Dermott

Mother's
Birthplace

Md

Name of person giving
information

Thos M. Halbruner

How related
to deceased

Husband

CAUSES OF DEATH

(41)

Primary

Intestinal Cancer

How long

Several Mos

Immediate

Cancer of Kidneys

How long

Few days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. L. Davis

Address

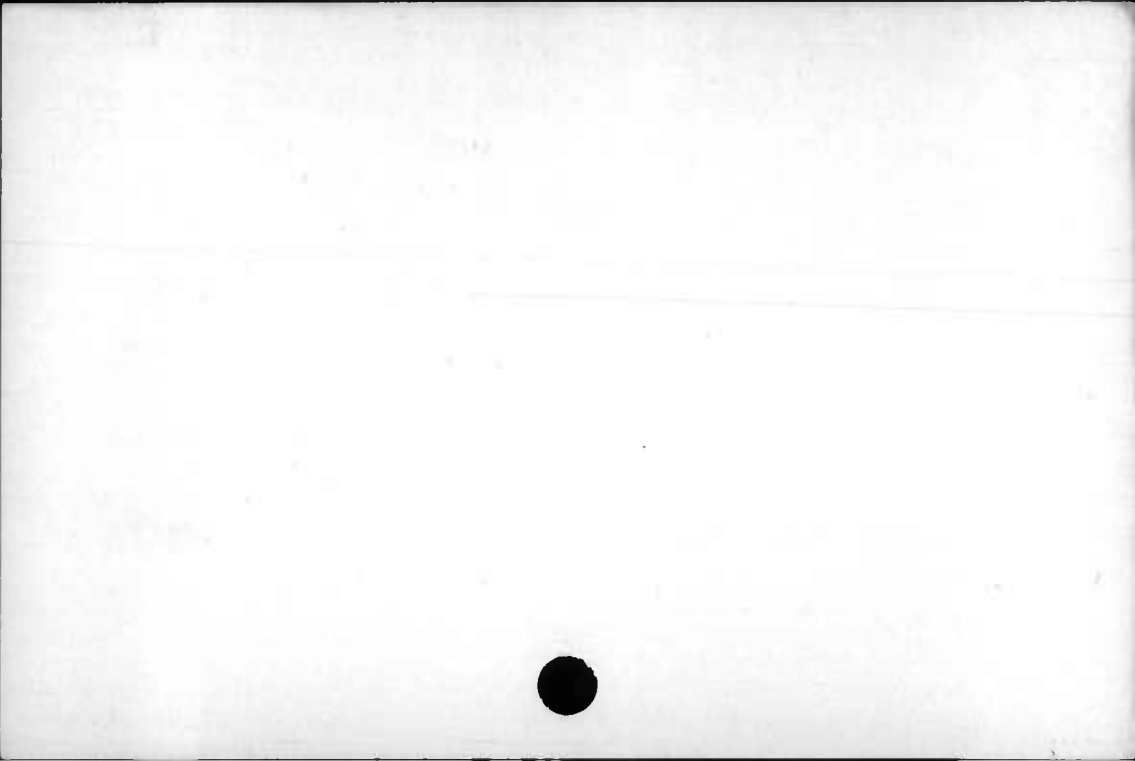
Kensington

Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

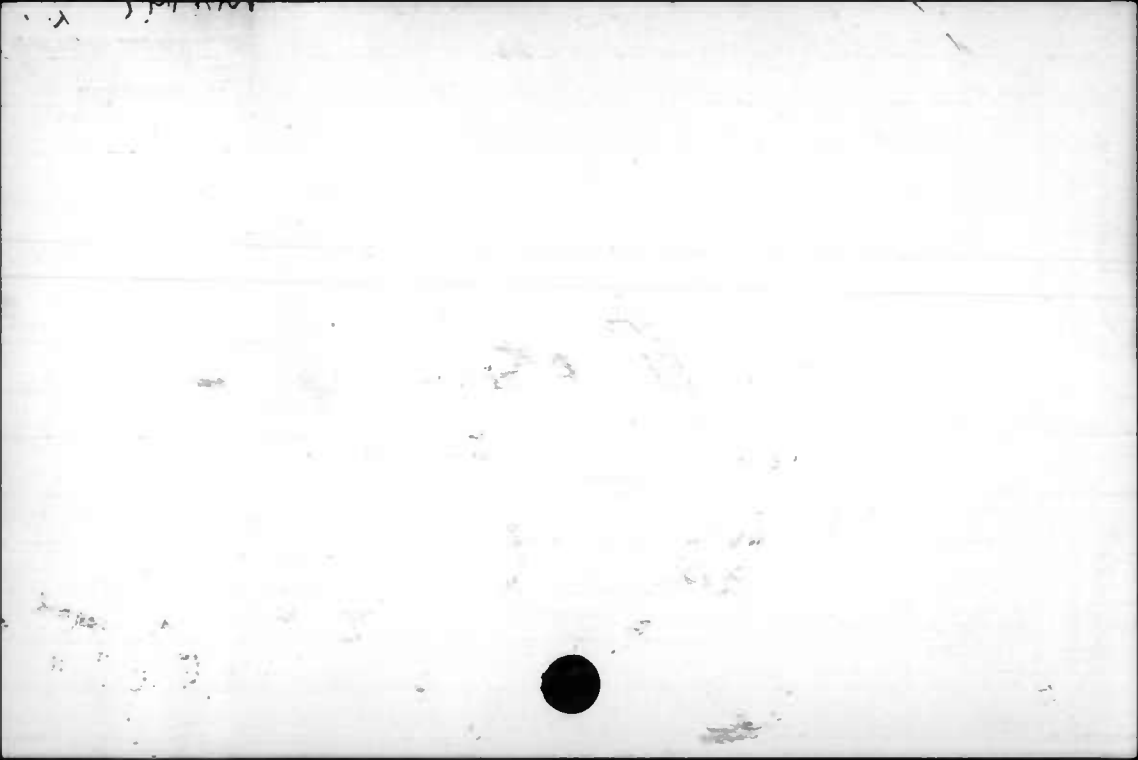
Name in Full <i>Mabel Helborn</i>		Town <i>Dawsonville</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Dawsonville</i>		Date of death <i>1907</i>		Month <i>May</i>		Day <i>31st</i>	
Age <i>4</i>		Years <i>5</i>		Months <i>5</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Negro.</i>		Birth-place <i>Dawsonville</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Richard Helborn</i>		Father's Birthplace <i>Montgomery Co. Md.</i>					
Mother's Maiden Name <i>Susan Driver</i>		Mother's Birthplace <i>Montgomery Co. Md.</i>					
Name of person giving information <i>Physician</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (Lobar)</i>	How long <i>4 weeks</i>
Immediate <i>Meningitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>U. D. Bowler M.D.</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Wm Huddleson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

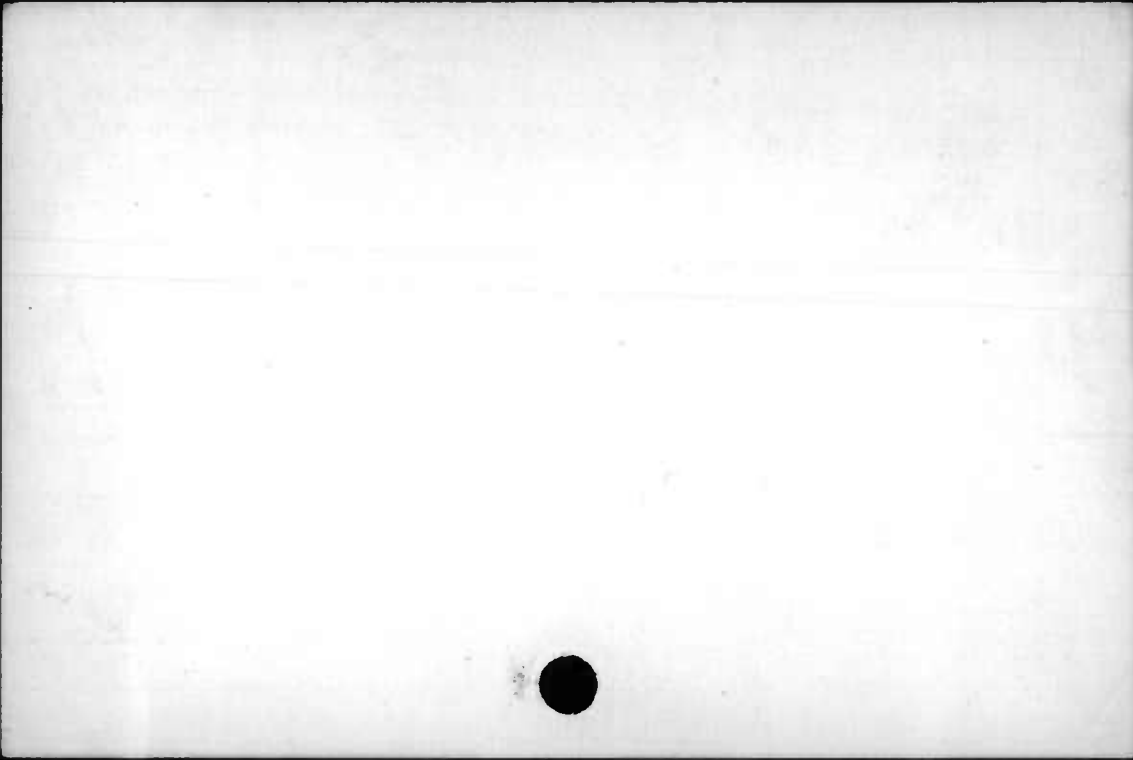
Died at <i>new Friendship Heights</i> ^{Town}		<i>Montgomery Co</i> ^{County}			
Date of death <i>1907</i>	<i>5</i> ^{Month}	<i>27</i> ^{Day}	Age <i>48</i> ^{Years}	<i>0</i> ^{Months}	<i>0</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth place <i>Montgomery Co Md</i>		
Occupation <i>Gardener</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Rosalie Huddleson</i>				
Father's Name <i>George Huddleson</i>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>Some years</i>
Immediate <i>Dissecting and Embolic Heart</i>	How long <i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Chappell</i>
	Address <i>3901 Court Row D.C.</i>
Accident or Suicide? <i>No</i>	



Name
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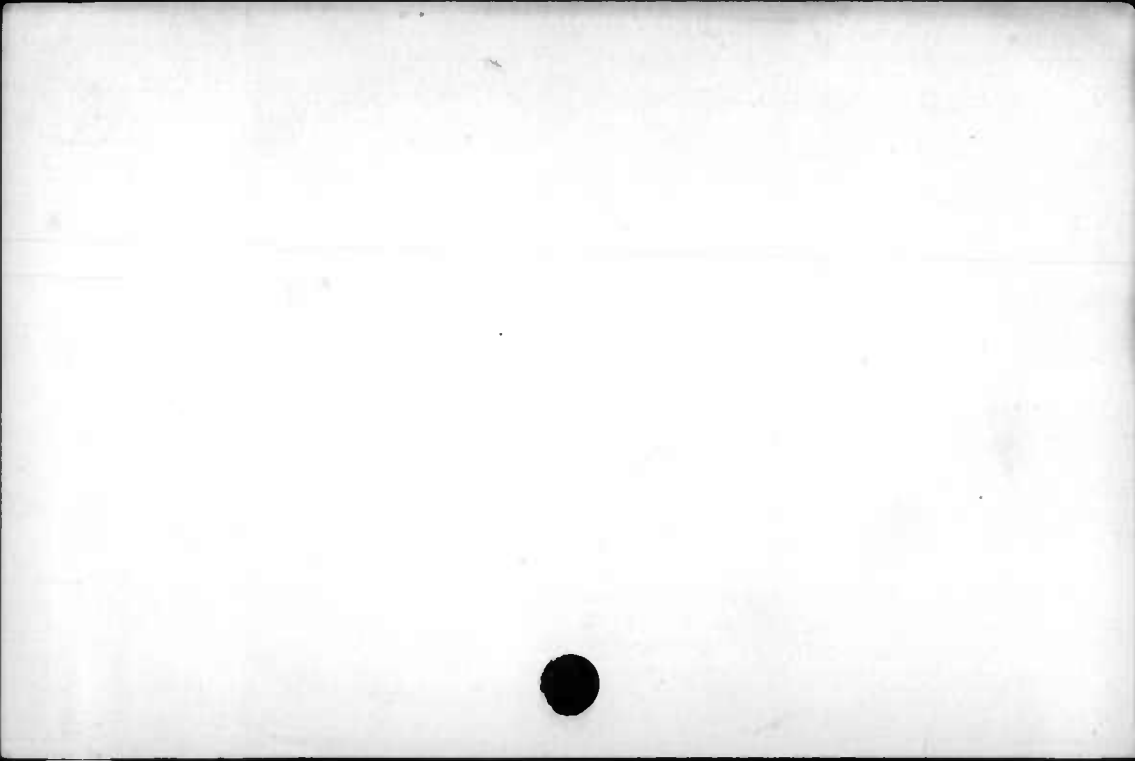
Name in Full Christie Mack		Town Polomac		County Montgomery		MARYLAND	
Died at		Date of death 1907 MAY 20		Age 65		Months —	
Sex Female		Color or Race Black		Birth-place Montgomery Md			
Occupation Housewife		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Joseph Mack					
Father's Name Mathew Smith		Father's Birthplace Md.					
Mother's Maiden Name Matilda Cooley		Mother's Birthplace Md.					
Name of person giving information Andrew Hayden		How related to deceased None					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Cerebral Haemorrhage	How long	3 days
Immediate	Paralysis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W J. Pratt	
Yes —		Address Polomac Md.	
Accident or Suicide?		Neither —	



Name
in
Full

Mollie Mathews

CERTIFICATE OF DEATH

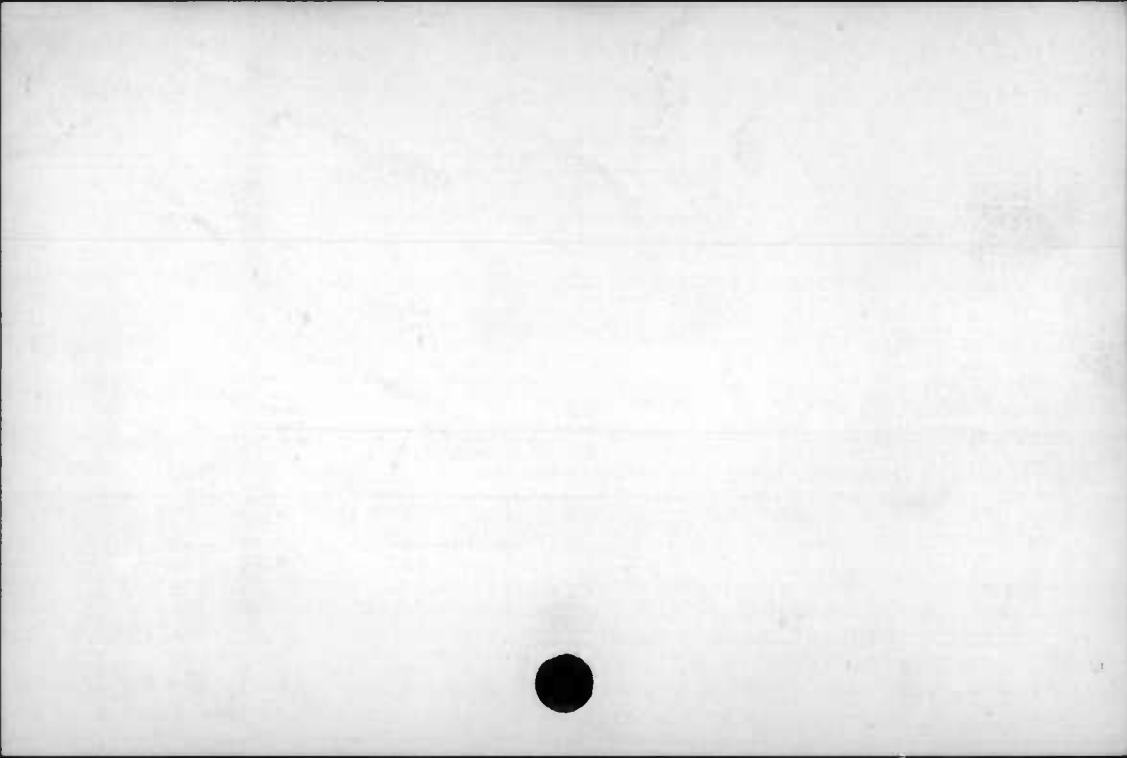
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Scotland</u> <small>Town</small>		<u>Tracy</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>5</u>	Day <u>15</u>	Age <u>30</u>	Years <u>—</u>
Sex <u>Female</u>	Color or Race <u>Caucas</u>		Birth place <u>Ind</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Bessie Mathews</u>			
Father's Name <u>Amos Courney</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Matherine Hance</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Bessie Mathews</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Organic Heart Disease</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. M. Litchman</u>
	Address <u>Rockville</u>
Accident or Suicide? <u>X</u>	<u>Ind</u>



Name
in
Full

CERTIFICATE OF DEATH

Unnamed baby of J. B. Mellott

Town

County

MARYLAND

Died at

Danversville

Date

of death

1907

Month

5

Day

20

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Danversville Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jacob B. Mellott

Father's
Birthplace

Pa.

Mother's
Maiden Name

Ida Wink

Mother's
Birthplace

Pa.

Name of person giving
Information

Physician

How related
to deceased

CAUSES OF DEATH

64

Primary

Congestion of Cerebrum

How long

Immediate

Coma

How long

1 da.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. D. House M.D.

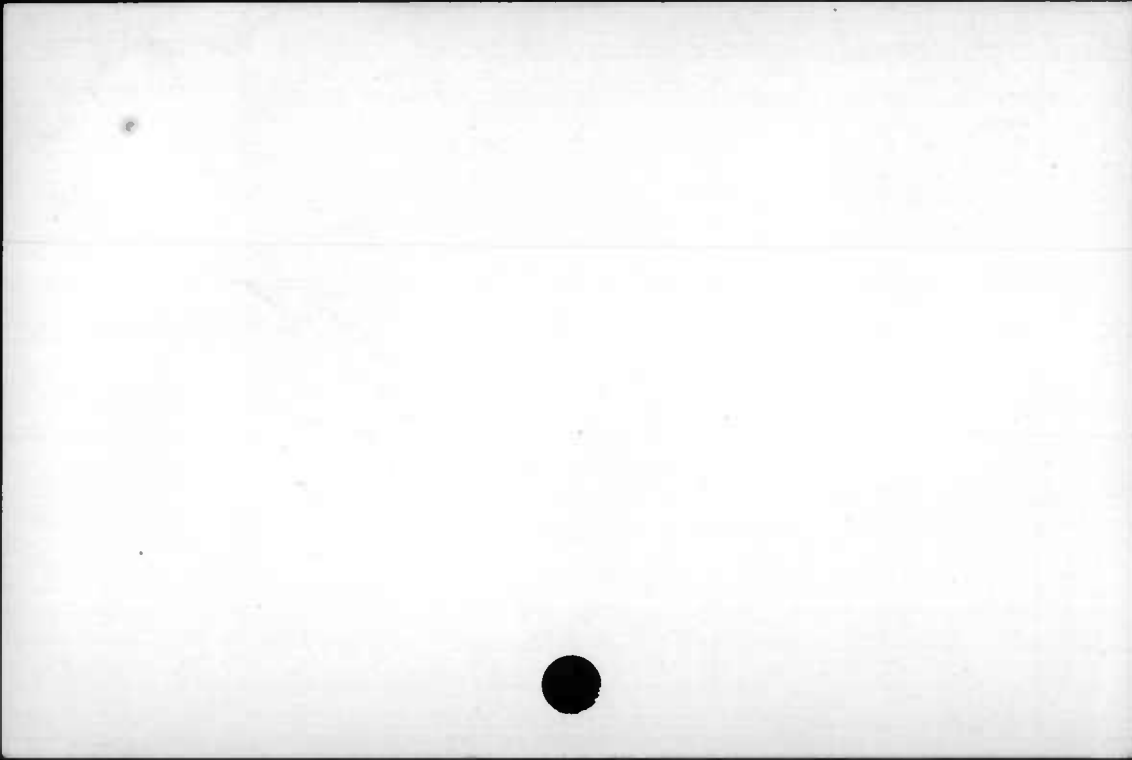
Address

Danversville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Belle Moore

Town

County

Died at

Germantown

Montgomery

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

5

27

Age

30

Sex

Female

Color or
Race

Negro

Birth-
place

—

Occupation

Domestic (in D.C.)

Where Residing if not
at place of death

Washington D.C.

Married, Single
or Widowed

Name of Wife or
Husband

—

Father's
Name

Henry Moore

Father's
Birthplace

Montgomery Md.

Mother's
Maiden Name

Margaret Prater

Mother's
Birthplace

Md.

Name of person giving
Information

Physician

How related
to deceased

—

CAUSES OF DEATH

(27)

Primary

Pulmonary tuberculosis

How long

1 yr.

Immediate

Aspiration

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

U. D. Householder

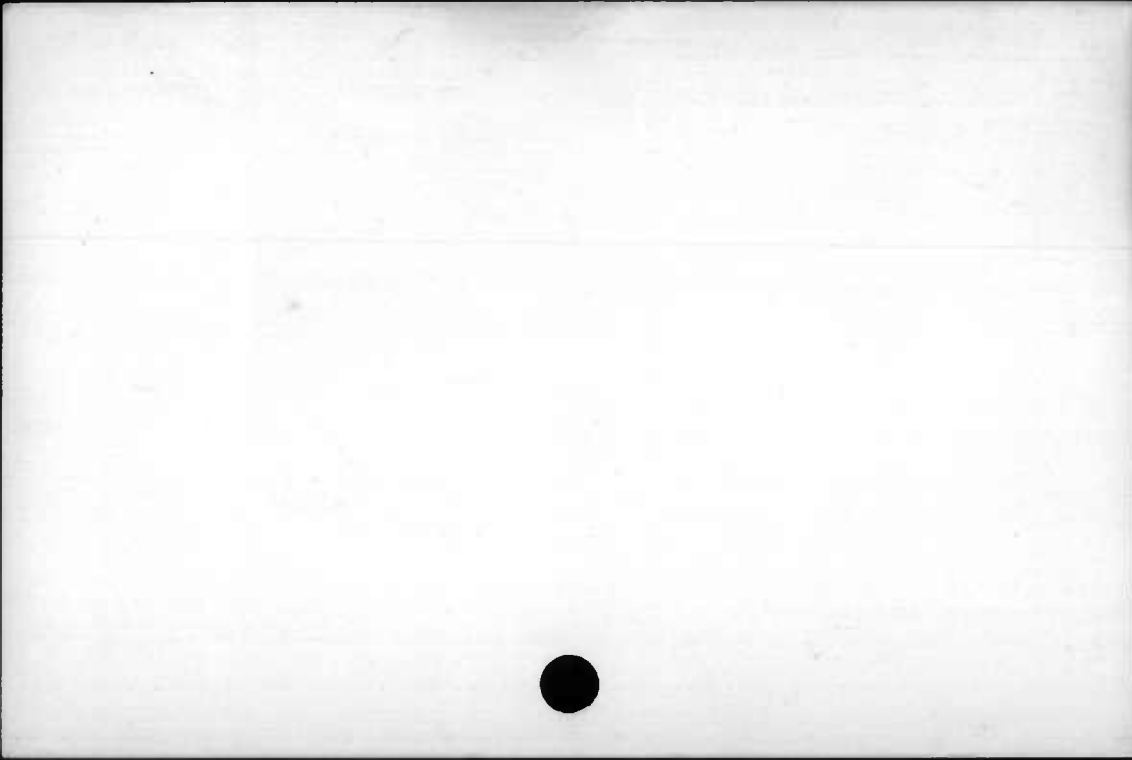
Address

Danversville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

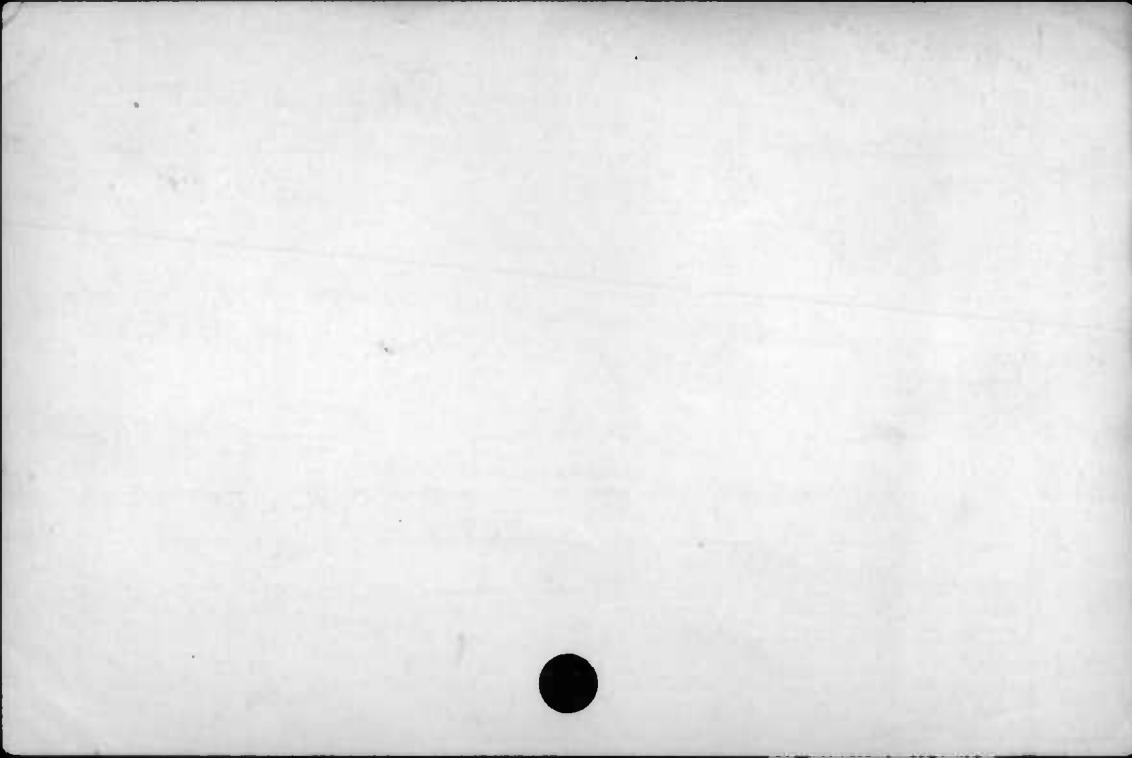
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>23</i>	Age <i>Stillborn</i>	Years <i>Premature</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Rockville</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>J. Brunner Nicholson</i>			Father's Birthplace <i>Georgetown D.C.</i>		
Mother's Maiden Name <i>Mary Trail Nicholson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Ifezekiah Trail</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>L. H. Mannas. M. D.</i>
		Address <i>Rockville</i>
Accident or Suicide?		



Name
in
Full

Susan Robinson

CERTIFICATE OF DEATH

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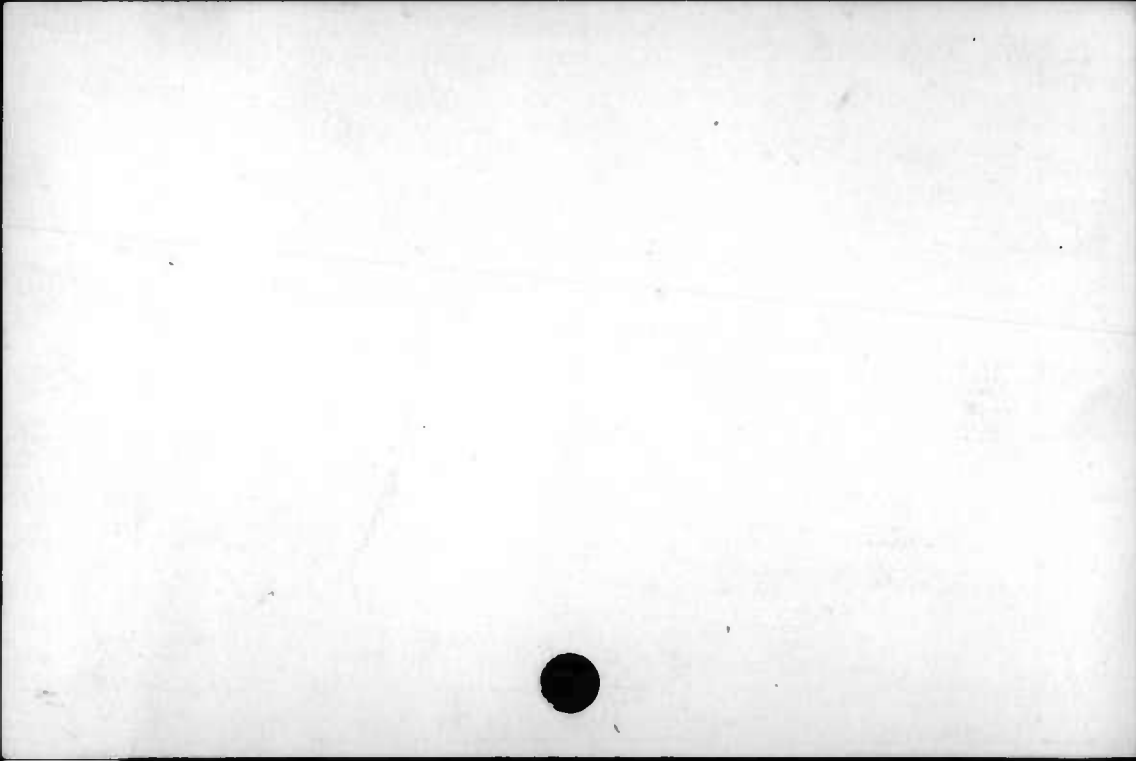
Died at <u>Martinsburg</u> <small>Town</small>		<u>Martinsburg</u> <small>County</small>		MARYLAND	
Date of death 1907	<u>May</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>54</u> <small>Years</small>	Months	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Martinsburg, Md</u>		
Occupation <u>Midwife</u>	Where Residing if not at place of death				
Married or Widowed	Name of Wife Husband <u>George Robinson</u>		Father's Birthplace <u>Md.</u>		
Father's Name <u>Albert Thompson</u>	Mother's Maiden Name <u>Eliza Watkins</u>		Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>George Hood</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Cerebral Hemorrhage</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>B. W. Walling</u>
	Address <u>Portersville Md.</u>
Accident or Suicide?	



Name
in
Full

Henrietta Snowden

CERTIFICATE OF DEATH

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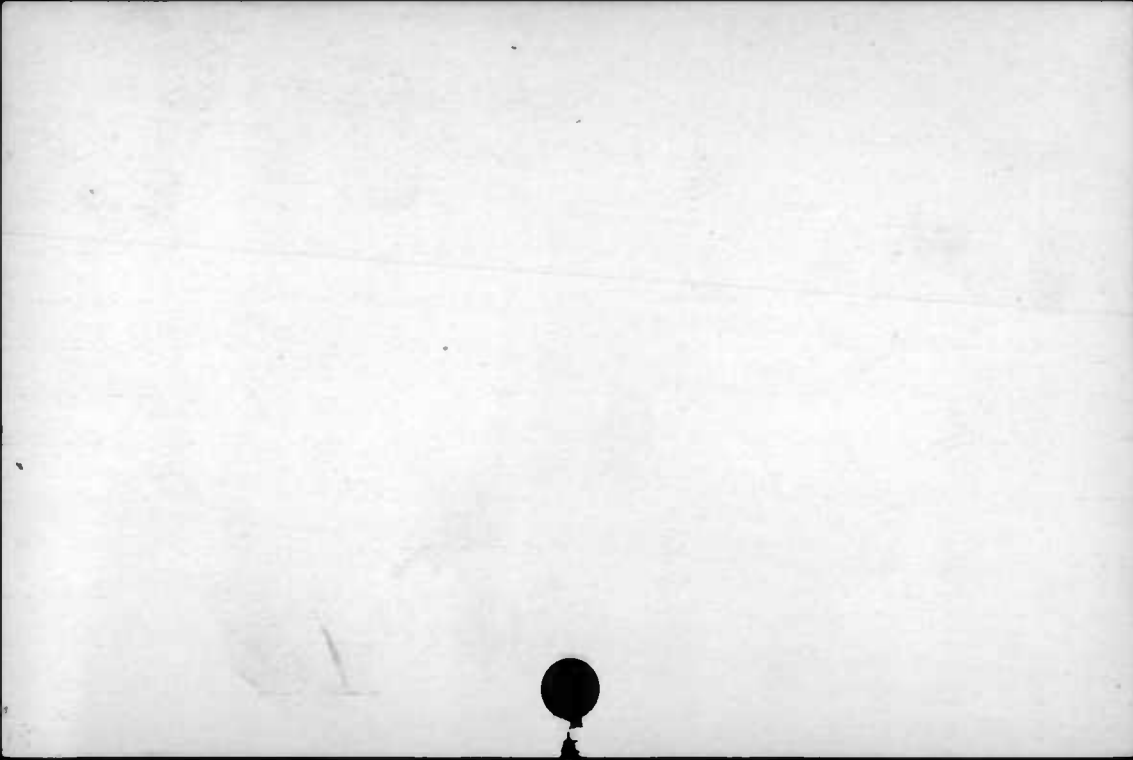
Died at <u>Ashton</u> Town			County <u>Maryland</u>			MARYLAND		
Date of death 190 <u>7</u>		Month <u>5</u>	Day <u>21</u>	Age <u>78</u> Years		Months <u>3</u>	Days <u>24</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Sandy Spring</u>				
Married to <u>Widowed</u>				Occupation <u>Nothing</u>				
Name of Wife or <u>Nicholas Snowden</u> Husband								
Father's Name <u>Wm H. Stabler</u>				Father's Birthplace <u>Sandy Spring Md</u>				
Mother's Maiden Name <u>Elija Thayer</u>				Mother's Birthplace <u>Sandy Spring</u>				
Name of person giving information <u>P. L. Stabler</u>				How related to deceased <u>first cousin</u>				

CAUSES OF DEATH

120
How long

PHYSICIAN
OR CORONER

Primary <u>Chronic Nephritis</u>		How long <u>18. months</u>	
Immediate <u>Uremia in course</u>		How long <u>48. hours</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Roger Brooke</u>	
		Address <u>Sandy Spring</u>	
Accident or Suicide?			



Name
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Full

Paul Soper -

CERTIFICATE OF DEATH

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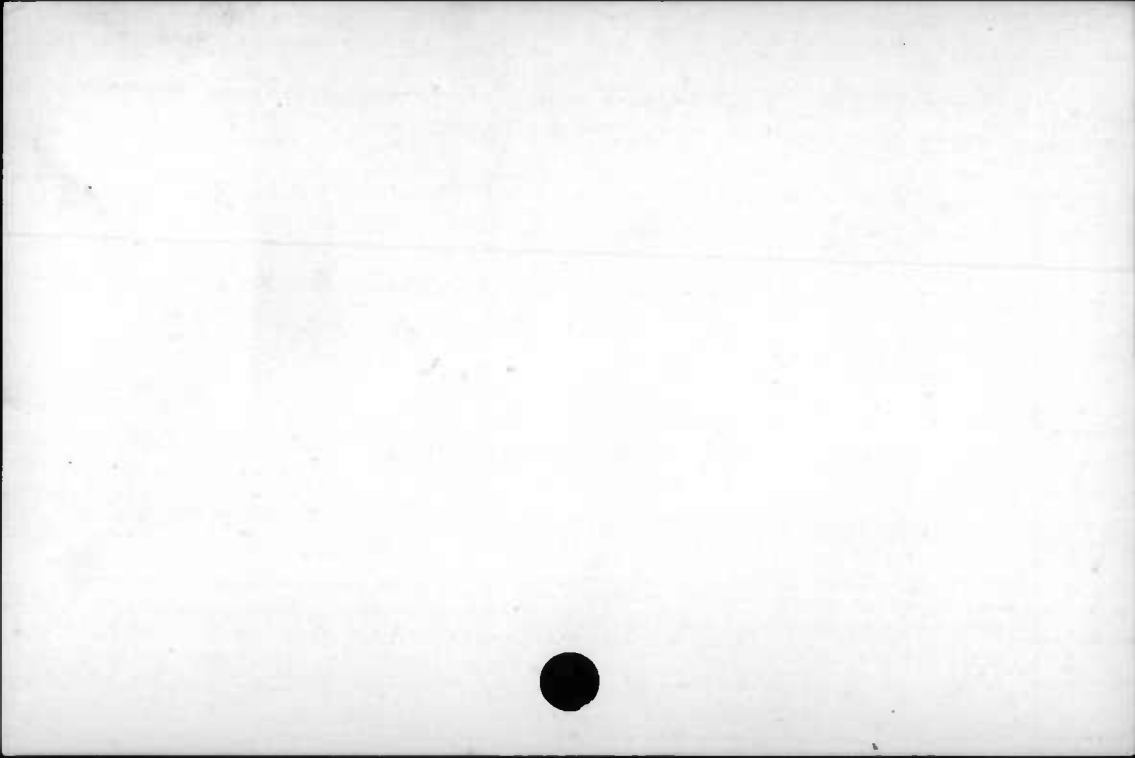
Died at <i>Danversville</i> ^{Town}		<i>Murphy</i> ^{County}		MARYLAND	
Date of death	1907	Month	5	Day	14
Age		Years	11	Months	14
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place		
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Henry Soper</i>		Father's Birthplace	
Mother's Maiden Name		<i>Mary White</i>		Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Oedema of Lung</i>	How long	<i>2 da.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>M. D. House M.D.</i>	
		Address	
		<i>Danversville Md.</i>	
Accident or Suicide?			



Name
in
Full

Wm. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Sugar Land

Town

County

nearly

Date

of death 1907

Month

5

Day

12

Age

Years

76

Months

Days

Sex

male

Color or
Race

Negro

Birth-
place

Ind.

Occupation

Farm Hand.

Where Residing if not
at place of deathMarried, ~~single~~
or WidowedName of Wife or
Husband

Luraina Taylor.

Father's
Name

—

Father's
Birthplace

—

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
Information

Physician

How related
to deceased

—

CAUSES OF DEATH

(63)

PHYSICIAN
OR CORONER

Primary

Paralysis of motor tracts of spinal cord 1 mo.

Immediate

Severe Indecay (Arteries)

Are the name, age, sex, color, date
and place correctly given above?

yes

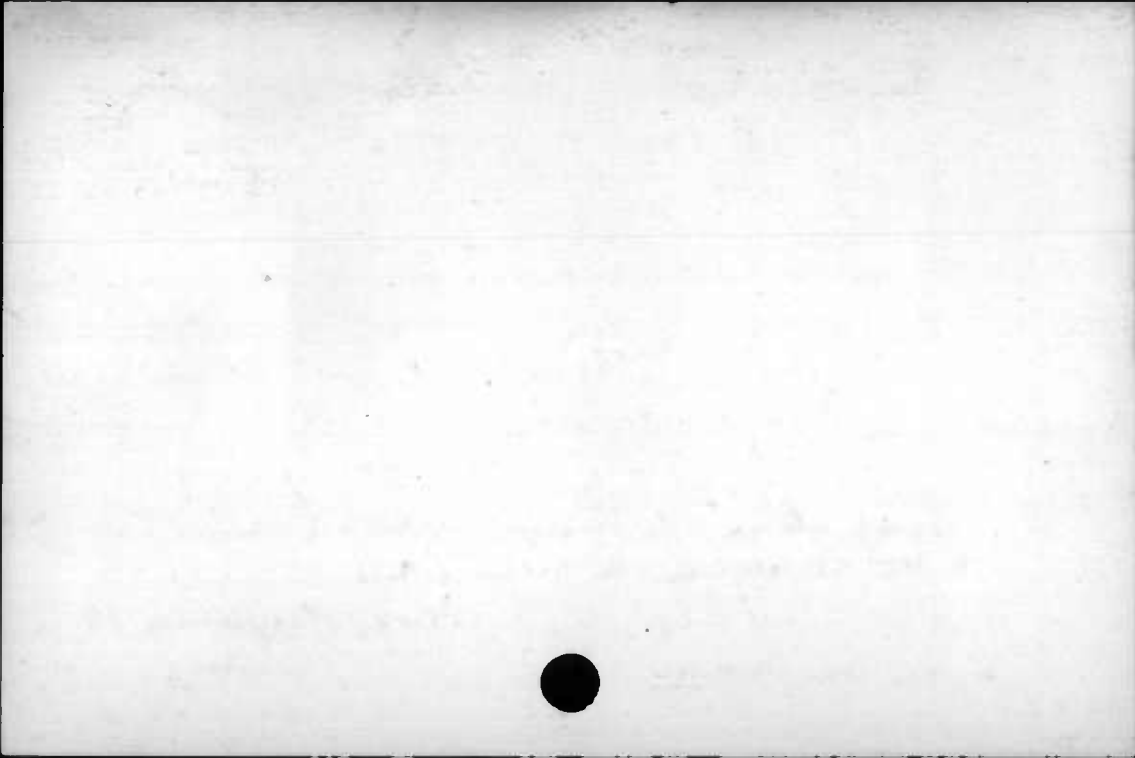
Signature of
Physician

Address

A. D. House M.D.
Dawsonville Ind.

Accident or Suicide?

No



Name
in
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CERTIFICATE OF DEATH

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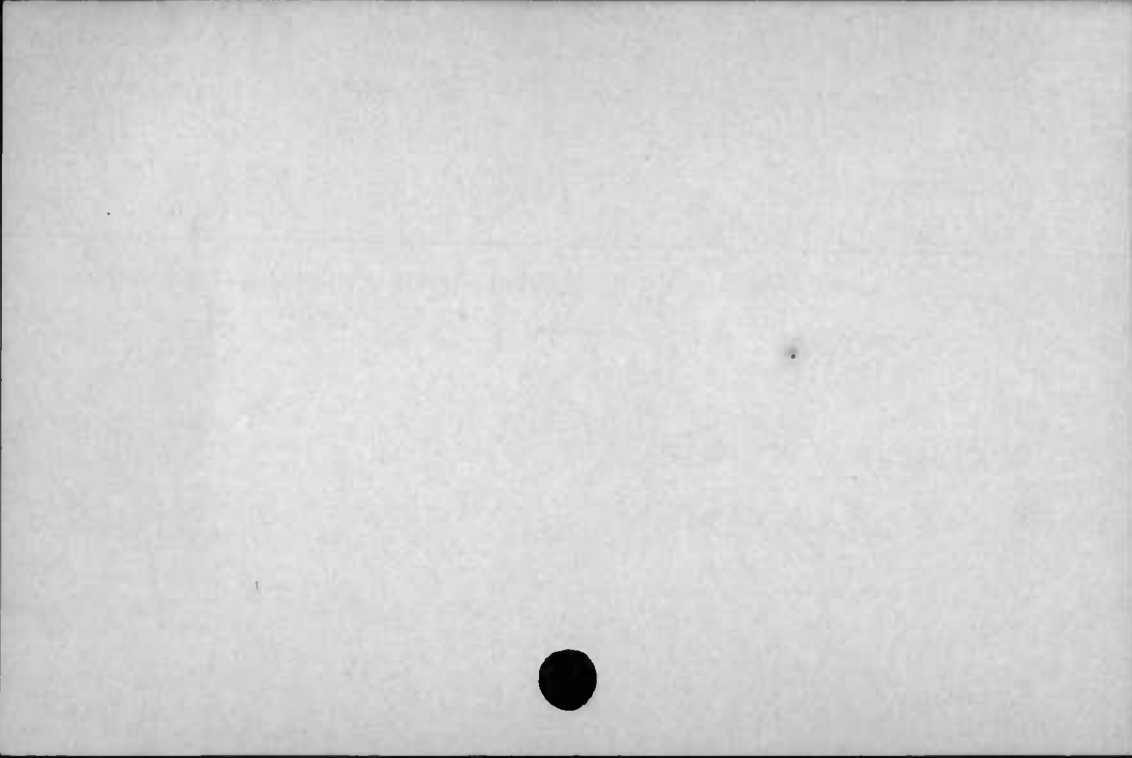
Died at ^{Town} near Brookville		^{County} Montgomery		MARYLAND	
Date of death	1907	Month	May	Day	16th
Sex		Female		Color or Race	Colored
Occupation				Birth-place	Brookville Md
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name or Wife or Husband		
Father's Name	Edward Clifton Thomas		Father's Birthplace	Montg Co Md	
Mother's Maiden Name	Mary Simpson		Mother's Birthplace	Montg Co Md	
Name of person giving information	Edward C. Thomas		How related to deceased	Father	

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	Congestion of Lungs, suffused		How long	One day about
Immediate	as no physician in attendance		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
as far as known.			Chas. Hargreaves, M.D.	
Address		Ches.		
Accident or Suicide?		Md.		



Name
in
Full

Emma Trout

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

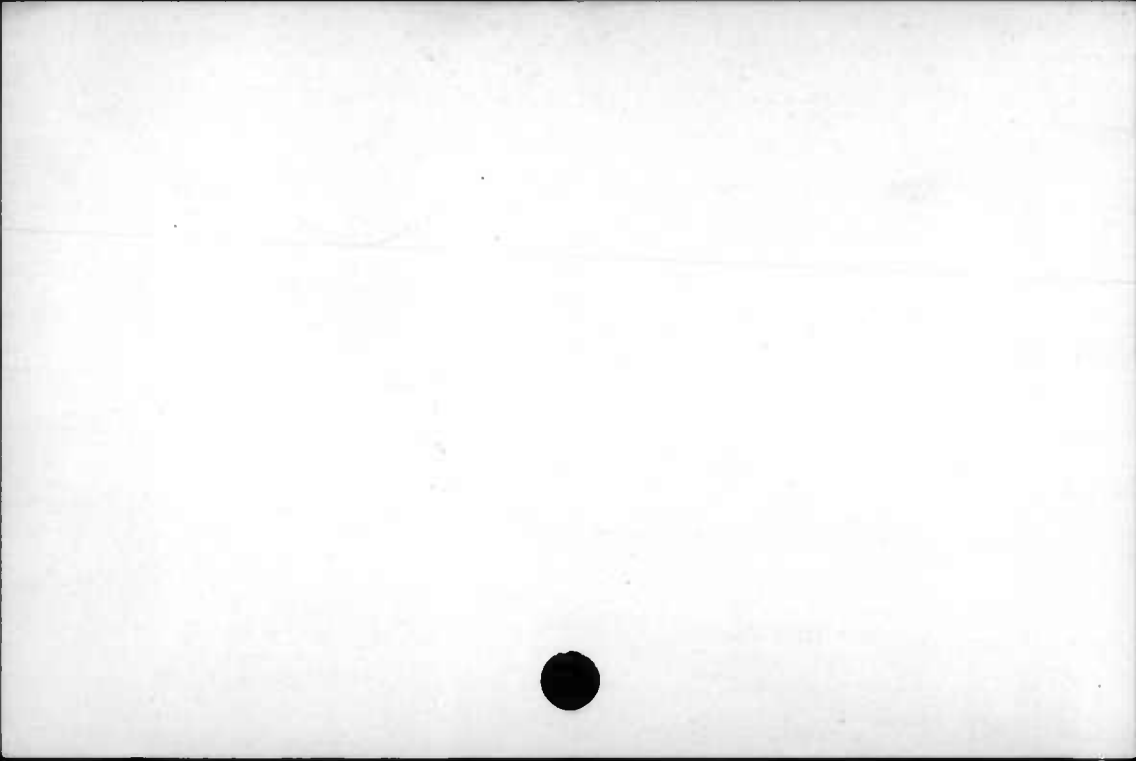
Died at		Town Gaithersburg		County Montgomery		MARYLAND				
Date of death	1907	Month May	Day 3	Age	52	Years	6	Months	7	Days
Sex	Female			Color or Race	White			Birth- place	Maryland	
Occupation	House-Wife			Where Residing if not at place of death						
Married, Single or Widowed	married			Name of Wife or Husband			George Trout			
Father's Name	George Roberson						Father's Birthplace	Virginia		
Mother's Maiden Name	Mary Smith						Mother's Birthplace	Virginia		
Name of person giving Information	George Trout						How related to deceased	Husband		

CAUSES OF DEATH

(45)

PHYSICIAN
OR CORONER

Primary	Cancer	How long	14 month
Immediate	Cancer	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. H. Etchison
		Address	Gaithersburg Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kennington</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>1st</i>	Age <i>0</i>	Months <i>8</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Albert D. Vrett</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Amy Rabbitt</i>			Mother's Birthplace <i>D.C.</i>		
Name of person giving information <i>Amy Rabbitt Vrett</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>2 days</i>
Immediate <i>Exhaustion</i>		How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>	
	Address <i>Kennington Md</i>	
Accident or Suicide? <i>no</i>		

